

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Jannette Saylor</u>	COURT CASE NUMBER <u>CA 07-636 SLR</u>
DEFENDANT <u>State of Delaware DHSS-Div. of Child En</u> <u>Comm is slower VINCENT P. McCONY PHD Dana J. Jefferson, Kathleen T. Johnson</u> <u>Loretta Brasse, Kathie Gibson, Charles Hayward, Midge Holland, Daniel H. Hunk, Healy, Mont</u>	TYPE OF PROCESS <u>Complaint</u>
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Attorney General of the State of Delaware</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>820 N French Street, Wilmington, Delaware 19801</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Jannette Saylor</u> <u>29 E 23rd Street</u> <u>Wilmington, DE 19802</u>	Number of process to be served with this Form - 285 <u>1</u>
	Number of parties to be served in this case <u>11</u>
	Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PAUPER CASE
Phone: 302-577-8400
Office Hours: 8-4:30pm

Serve At the above address in
reference to:
State of Delaware
DHSS-Div of Child Support Enforcement
1901 N. Dupont Hwy
New Castle, DE 19720

Site Location:
State of Delaware
DHSS-Div. of Child Enb.
84A Christiana Rd
New Castle, DE 19720

Signature of Attorney or other Originator requesting service on behalf of: <u>Jannette Saylor</u> Pro se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>302-576-6493</u>	DATE <u>12-17-2007</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>15</u>	District to Serve No. <u>5</u>	Signature of Authorized USMS Deputy or Clerk <u>BF</u>	Date <u>1-15-08</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Richard Hubbard</u> <u>DAG</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>1/15/08</u> Time <u>am</u>
	Signature of U.S. Marshal or Deputy <u>BF</u>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

2008 JAN 16 AM 9:02

FILED
CLERK, U.S. DISTRICT COURT
DISTRICT OF DELAWARE